



If your baby uses a bottle, do you add cereal or other foods to the bottle?

- ☐ No  
☐ Yes if yes, what? \_\_\_\_\_

Does your baby take a bottle to sleep at naptime or bedtime?

- ☐ No  
☐ Yes

Do you wipe your baby's gums?

- ☐ No  
☐ Yes

Do you give your baby anything to eat or drink other than breastmilk or formula?

- ☐ No  
☐ Yes: if yes, what? \_\_\_\_\_

My baby is fed: \_\_\_\_\_ times during the day

\_\_\_\_\_ times during the night

I know my baby wants to eat when he or she:

\_\_\_\_\_

I know my baby is full when he or she:

\_\_\_\_\_

In which position do you usually put your baby down to sleep? (choose one):

- ☐ Back  
☐ Side  
☐ Tummy

I would like to learn more about.....

- ☐ Breastfeeding  
☐ Pumping/storing breastmilk  
☐ Formula feeding  
☐ When to Introduce solid foods  
☐ How to take care of my baby's gums  
☐ Activities for my baby  
☐ Parent groups in my area  
☐ Food resources in my area  
☐ Other: \_\_\_\_\_

**Staff use only:**

♣ Nutrition practices:  
64 71 85 88

♣ Topics discussed:

♣ Educational materials given:  
☐ None  
☐ Feeding Guide  
☐ Loving Support materials  
☐ Guide to Healthy Baby  
(Spangler)  
☐ Making Own Baby Food  
☐ Playing With Your Baby  
☐ Other:

♣ Referrals:  
☐ None  
☐ HBKF.....☐ Declined  
☐ Provider/medical home  
☐ \_\_\_\_\_

♣ Parent's SMART plan for baby is:

♣ Nutrition follow up/next steps:  
☐ INCP  
☐ Phone call  
☐ Weight check  
☐ Clinic or office visit  
☐ Invited to group/nutrition activity:

☐ Other:

♣ Food package: G J Z  
Omissions

\_\_\_\_\_  
♣ Staff signature & title

\_\_\_\_\_  
♣ Date of visit